

22 April 2020

To: Board of Health, Health Officer, and Board of County Commissioners

From: James R. Olsen

The surrounding states have a good record of fatalities/population – Idaho, North Dakota, South Dakota, Wyoming, Nebraska, and Utah – having used different strategies. Utah has never had a stay-at-home order but has closed restaurants and bars – and left it to each county for any further restrictions. Utah has the same fatality rate per capita as Montana.

On the other hand, some densely populated areas, such as New York City and Seattle, they clearly let COVID-19 get out of hand, exposing most of their population to the virus; the consequence have a much higher death rate per capita.

When one looks at the rules and results for testing it seems:

- Only about 4% of the people who are tested using the criteria (CDC Cat 1 and 2) test positive in Montana.
- This implies that the large majority of people with symptoms matching COVID-19 do not actually have COVID-19.
- The reports that first came out of China continue to be supported in U.S. cases – the premise that about 85% of the people who have COVID-19 have mild or no symptoms.
- The testing statistics routinely reported in the news, especially comparisons of the number of positive cases, is problematic. The most useful way to look at it as near as I can tell is as if a random sample had been taken. It is probably the “upper limit” if selecting for symptoms and contact was more likely to find a positive case.
- New York City has a very high (40%) positivity rate (tests positive vs total tests), the U.S. average about 20%, while Montana has about 4% and Ravalli County about 2%.

The bottom line is the Montana and several other states benefit from low population density, a delayed arrival compared to some other countries and coastal states so that strategies that slowed its spread – that would have been late in New York were in time in Montana.

The other bottom line is that, while it is likely the virus is present and undetected in Ravalli County, there is very likely no herd immunity – it can still come with a vengeance, particularly in institutions such as nursing homes.

The economic impact and the fairness of the Governor’s order has not been well thought out – initially by necessity. Now is the time to give it a hard look – it seems to me that opening for business in many areas that are currently closed makes sense. Looking to Utah as a model makes sense, IF –

The Health Board has done their job and has: a projection of the need and a survey of the medical capacity. The positive results surrounding Remdesivir when given early is a call for testing of asymptomatic people.